

STATEMENT OF ORGANIZATION

OFFICE USE

1. Name and Address of Committee:

LOUISIANA VOTER PROTECTION PAC
2133 SILVERSIDE DR STE A

BATON ROUGE

LA 70808

2. Date of this Statement

09/19/2014

3. Estimated Membership

0

4. Amended Statement?

___ Yes X No

PAC
5/0
9/19

#89619
#T000



14005305

Check if new committee X

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position	Name	Address
Chairperson		
Treasurer		

Chairperson

Treasurer

Please see attached sheets.

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:

a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this **STATEMENT OF ORGANIZATION** is true and correct to the best of our knowledge, information and belief.

Dated 09/19/2014

LEIGH HOLDINESS DAVIS

Signature of Committee Chairperson

225-937-3303

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Affiliated Persons / Organizations

3 / 3

Name and Address of Chair Person

LEIGH HOLDINESS DAVIS

2133 SILVERSIDE DR

STE A

BATON ROUGE

LA

70808

Chairperson:

Candidate Information

Office Sought (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

Name and Address of Financial Institution

MIDSOUTH BANK

BATON ROUGE

LA

Chairperson:

Candidate Information

Office Sought (Include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: